

Washington Guaranteed Education Tuition

2004-2005

Send to:

Guaranteed Education Tuition PO BOX 84824, Seattle, WA 98124-6124 1-800-955-2318 ● FAX 1-360-704-6200 Email: GETInfo@hecb.wa.gov

MASTER SCHOLARSHIP ACCOUNT SET-UP FORM

Please print or type all information. Be sure to sign form. Master Scholarship accounts are subject to approval by the GET Director.

1. ORGANIZATION NAME					
Please provide the following info Organization Authorized Represe	rmation about the person or or entative may make changes to t	ganization that will he account or reques	be the owner of the cont of a refund.	ract. Only the desig	gnated
ORGANIZATION NAME					
				1 1 1 1 1	1 1 1 1
ORGANIZATION TYPE (R	equired): State or lo	ocal government	501 (c) (3) ta	x-exempt organizati	on.
ADDRESS					
Number and street, including suite or POB	ox number				
City	State	Zip		Email Address	
TAX ID#	TELEPHONE		EXT.		
2. ORGANIZATION AUTHOR	IZED REPRESENTATIV	'E			
The Organization Authorized Repr correspondence will be addressed to	resentative is the only person who to the Authorized Representative	ho may make chang /e.	es to the account or requ	uest a refund. All	
NAME					
	<u> </u>			1111	
Last name and Generational Suffix (i.e. Sr.,		First Name		Middle Name	
ADDRESS	nt to use the same address as li	sted in the Organiza	tion Name Section.		
Number and street, including apartment or	PO Box number				
City	State	Zip		Email Address	
SOCIAL SECURITY OR TAX ID#	HOME TELEPHONE	V	WORK TELEPHONE		EXT.
NOTE: You MUST notify the Program	n in writing when the authorized	d representative char	nges and update the info	ormation shown abo	ve.
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3. INFORMATION RELEASE	ı				
You may authorize GET to release Section 2. If you wish to authorize	verbal information regarding te another person, please provide	his student's account	nt to another person in ac	ddition to the persor	ı listed in Section 4.
NAME		· ·		,	
				1	
Last name and Generational Suffix (i.e. Sr.,	Jr., III.)	First Name		Middle Name	
ADDRESS Check here, if you was	nt to use the same address as li	sted in the Organiza	tion section.		
Number and street, including suite or PO Bo	ox number				
City	State	Zip		Email Address	
SOCIAL SECURITY OR TAX ID#	HOME TELEPHONE	V	VORK TELEPHONE		EXT.

4. SELECTION OF INITIAL FUNDING LEVEL The organization may purchase from 1-5,000 units in a Master Scholarship Account. At least one unit must be purchased at this time. Additional units, up to the 5,000 maximum, may be purchased at any time in the future at the unit price in effect at the time a payment is received. The current unit price, available through April 30, 2005, is \$61.00 per unit. A Master Scholarship Account may only be opened during an enrollment period. This Set-up Form must be postmarked by March 31, 2005, to be considered for this year's enrollment. Enter the dollar amount being enclosed to purchase Lump Sum units for this account: 5. ACCOUNT SET-UP FEE The non-refundable \$100.00 Account Set-up Fee MUST be included when this form is submitted. You may send a check with the form or charge the \$100.00 Account Set-up Fee to your credit/debit card. Please select your payment option(s) below. Pay \$100.00 Account Set-up Fee by CHECK Check # Pay \$100.00 Account Set-up Fee by CREDIT/DEBIT CARD. □ VISA Пмс \square DISC \square AMEX Month Year Credit/debit cards may NOT be used to purchase units. Credit Card Number Expiration Date I authorize GET to charge the \$100.00 Account Set-up Fee to the above credit/debit card. I understand this fee is non-refundable. Signature of the credit card holder: Date: Print name as shown on credit/debit card: **6.** PAYMENT INSTRUCTIONS DUE NOW: (Remit with this Account Set-up Form) 1) \$100.00 Account Set-up Fee (unless paid by Credit/Debit Card above)......\$ 2) Payment for Lump Sum units being purchased @ \$61.00 per unit...... \$ TOTAL AMOUNT DUE NOW:.....\$ Check, Cashier's Check or Money Order must be enclosed for the Total Amount Due. Make payments to the order of: Guaranteed Education Tuition, or GET. The unit price may be adjusted on May 1 and September 1, 2005. Payments received after April 30 and August 31, 2005, respectively, will be processed at the increased unit price taking effect on May 1 and September 1, 2005. To ensure you receive the current unit

price of \$61.00, it is strongly recommended that you send your payment with this Account Set-up Form.

7. SIGNATURE OF AUTHORIZED REPRESENTATIVE

I hereby certify that the information on this Account Set-up Form is true and accurate to the best of my knowledge. I acknowledge that a penalty fee may apply for account cancellation/termination. In signing below, I am agreeing to all terms and conditions in the Master Agreement, which I have read and fully understand. The Organization Authorized Representative must have signature authority.

Signature of Organization Authorized Representative:	Date:	
Please print full name:		